2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State
06-06-2000 90484 014 ***150.00

UUU56937

DOCUMENT # P97000071064

1. Entity Name

CAPITAL TRANSITION PARTNERS, INC.

Principal Place of Business	Mailing Address
9955 55TH AVE NO ST PETERSBURG FL 33708 US	100 SECOND AVE SOUTH STE 1201 ST PETERSBURG FL 33701-4360

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
50 Laura Lane	50 Laura Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Park Ridge, N.J.	City & State: Park Ridge, N.J.
Zip: 07656 Country: U.S.A.	Zip: 07656 Country: U.S.A

4. FEI Number 59-3476040 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LECOMPTE, MORRIS A
100 SECOND AVE SOUTH STE 1201
ST PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CAPALBO, ROB 9955 55TH AVE NO ST PETERSBURG FL 33708 ☐ Delete →	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 50 Laura Lane Park Ridge, N.J. 07656
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CAPALBO, ROB 9955 55TH AVE NO ST PETERSBURG FL 33708 ☐ Delete →	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 50 Laura Lane Park Ridge, N.J. 07656
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00 Date (201) 505-1315 Daytime Phone #